



MISSOURI DEPARTMENT OF HEALTH
STATE PUBLIC HEALTH LABORATORY
CMI INTOXILYZER 5000 MAINTENANCE REPORT

RECEIVED DHSS Breath Alcohol Program
By Carol Day at 8:14 am, Mar 12, 2010

Complete this report in duplicate at the time of the regular monthly preventive maintenance check, and whenever instrument is repaired. Send copy to Department of Health; Retain original in department file.

INTOXILYZER 5000 SN

66-005179

DATE OF INSPECTION

03-01-2010

LOCATION OF INSTRUMENT (STREET AND CITY)

10000 E 59th Street Raytown, MO 64133

TIME OF INSPECTION

0915 Hrs.

CHECKLIST

Place a check (✓) to left of each item if found to be satisfactory or if operating within established limits. (Write in observed values where determined.) Unchecked items must be corrected before using instrument.

☒ DVM TEST: (.350 +/- .150) .362 DVM

☒ DIAGNOSTIC CHECK (PRINTOUT ATTACHED) OK

☒ CHARACTER DISPLAY TEST OK

☒ PRINT TEST (PRINTOUT ATTACHED) OK

☒ TIME AND DATE 09 Hr 20 Min 03-01-2010

☒ CALIBRATION CHECK- PASSED

Run three tests using a standard solution. All three tests must be within +/- 5% of the standard value and must have a spread of .005 or less. Check the box corresponding to the standard solution being used. (USE CAL. CHECK MODE) (PRINTOUT ATTACHED)

☒ 0.100% STANDARD - MUST READ BETWEEN 0.095% AND 0.105% INCLUSIVE

☐ 0.040% STANDARD - MUST READ BETWEEN 0.038% AND 0.042% INCLUSIVE

(ONLY ONE STANDARD IS TO BE USED PER MAINTENANCE REPORT)

TEST 1 .097 %

TEST 2 .096 %

TEST 3 .096 %

☒ SIMULATOR TEMPERATURE (34° +/- .2°C) 34.0 Degrees Centigrade

☒ PERFORM RFI TEST (PRINTOUT ATTACHED) OK

☒ NUMBER OF REFUSALS, SINCE LAST MAINTENANCE REPORT, AND NUMBER OF SUBJECT BREATH TESTS IN EACH RANGE AS FOLLOWS: (DO NOT INCLUDE SIMULATOR TESTS)

REFUSALS	0	0-.04	1	.05-.09	0	.10-.14	1	.15-.19	2	Over .19	1
----------	---	-------	---	---------	---	---------	---	---------	---	----------	---

List any new parts and describe any alteration or modification that was made to restore the instrument to operate satisfactorily and within established limits (use other side if necessary).

The monthly maintenance tests were performed on the instrument as per the Missouri Department of Health regulations and the instrument was found to be operating within established limits.

Manufacturer: Guth Laboratories, Inc. Concentration: .10% Expires: March 01, 2010 at 11:59 PM Lot: 09270

INSPECTING OFFICER

SIGNATURE

PRINT NAME

Corporal Jeffrey S. Keith

TYPE II PERMIT NUMBER/EXPIRATION DATE

200013

03-01-2010

TELEPHONE NUMBER

816-737-6020



GUTH LABORATORIES, INC.

690 NORTH 67th STREET • HARRISBURG, PA 17111-4511 • TELEPHONE: 717-564-5470

CERTIFICATE OF ANALYSIS

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number 09270 of
Alcohol Reference Solution for Simulator were analyzed by
gas chromatography and found to contain 0.1207 percent
(w/vol) ethyl alcohol. The expiration date for this lot
number is September 23, 2010 at 11:59 PM.

When used in a calibrated Simulator, operating at
34°C +/- .2°C, this solution will give a breath alcohol
analysis instrument reading of 0.10 percent BAC.

The alcohol and water used in this solution were
free of test interfering substances.

Ted L. Pauley, President
GUTH LABORATORIES, INC.

16000 E 59 ST RAYTOWN MO 64133
 INTOXILYZER - ALCOHOL ANALYZER
 MO MODEL 5000 SN 66-005179
 03/01/2010

DIAGNOSTIC TEST

09:30

PRGM CHECK E735.23 PASSED
 RAM CHECK PASSED
 TEMP CHECK PASSED
 PROCESSOR CHECK
 SYNC PULSE PASSED
 SYNC SPEED PASSED
 NEG STABILITY PASSED
 POS STABILITY PASSED
 REF RANGE PASSED

DIAGNOSTIC PASSED

PRINTER CHECK
 ABCDEFGHIJKLMNOPQRSTUVWXYZ
 0123456789

SN 66-005179
 E735.23

03/01/2010
 09:31

ABCDEFGHIJKLMNOPQRSTUVWXYZ0123
 ABCDEFGHIJKLMNOPQRSTUVWXYZ0123456789
 ABCDEFGHIJKLMNOPQRSTUVWXYZ0123456789
 ABCDEFGHIJKLMNOPQRSTUVWXYZ0123456789
 ABCDEFGHIJKLMNOPQRSTUVWXYZ0123456789
 ABCDEFGHIJKLMNOPQRSTUVWXYZ0123456789
 ABCDEFGHIJKLMNOPQRSTUVWXYZ0123456789

16000 E 59 ST RAYTOWN MO 64133
 INTOXILYZER - ALCOHOL ANALYZER
 MO MODEL 5000 SN 66-005179
 03/01/2010

TEST	XBAC	TIME
AIR BLANK	.000	09:32
CAL. CHECK	.097	09:33
AIR BLANK	.000	09:33
CAL. CHECK	.098	09:33
AIR BLANK	.000	09:34
CAL. CHECK	.096	09:34
AIR BLANK	.000	09:35

NO RFI PRESENT

SN 66-005179
 E735.23

03/01/2010
 09:37

INVALID TEST
 INHIBITED - RFI

SUBJECT'S NAME

TIME FIRST OBSERVED

INSTRUMENT LOCATION

OPERATOR

ADDITIONAL INFORMATION AND/OR REMARKS

SUBJECT'S NAME

TIME FIRST OBSERVED

INSTRUMENT LOCATION

OPERATOR

ADDITIONAL INFORMATION AND/OR REMARKS

State of Missouri
DEPARTMENT OF HEALTH



P E R M I T
TYPE II



JEFFREY S KEITH

Is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field repairs, and operate the following breath analyzer(s):

INTOXILYZER 5000

for the determination of the alcoholic content of blood from a sample of expired (alveolar) air. Issued under the provisions of sections 577.020 through 577.041. RSMo 1986.

Date 01/12/2010

Number 200013

Expires 01/12/2012

MO 580-0771 (7-88)

Interim Director

Director of State Public Health Laboratory

Director, Department of Health

Lab. 4 (R7-88)